

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: General Liability

SERFF Tr Num: CMPX-125261376 State: Arkansas

TOI: 05.2 Commercial Multi-Peril - Liability

SERFF Status: Closed

State Tr Num: AR-PC-07-025790

Portion Only

Sub-TOI: 05.2003 Commercial Package

Co Tr Num: P#07136

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: SPI CompanionPCGroup

Disposition Date: 08-15-2007

Date Submitted: 08-14-2007

Disposition Status: Exempt from
Review

Effective Date Requested (New): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date Requested (Renewal):

Effective Date (Renewal): 10-01-
2007

General Information

Project Name: MU GL Pesticide Herbicide for CPP

Project Number: P#07136

Reference Organization:

Reference Title:

Filing Status Changed: 08-15-2007

State Status Changed: 08-14-2007

Corresponding Filing Tracking Number:

Filing Description:

Companion Property & Casualty wishes to file a rule for our Commercial General Liability policy that would allow us to apply a \$1,000 flat premium charge for Form CG 22 64 when used with classification codes 97047, Landscape Gardening, and 97050, Lawn Care Service. I have attached revised manual pages; an explanation of the rule can be found on page AR-GL-2.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Please do not hesitate to contact me if I may be of further assistance.

Company and Contact

Filing Contact Information

Susan Caton, Product Development Analyst

P.O. Box 100165

(803) 264-4483 [Phone]

Columbia, SC 29202

(803) 865-3155[FAX]

Filing Company Information

Companion Property & Casualty Insurance
Company

P.O. Box 100165
Columbia, SC 29202
(800) 845-2724 ext. [Phone]

CoCode: 12157

Group Code: 661

Group Name:

FEIN Number: 57-0768836

State of Domicile: South Carolina

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$25.00	08-14-2007	15100260

State Specific

Check_No: EFT
Check_Amt: \$25.00
Check_Rec: N/A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	08-15-2007	08-15-2007

Disposition

Disposition Date: 08-15-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers compensation, employers liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Companion Property & Casualty Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT	Accepted for Informational Purposes	Yes
Supporting Document	AR - NAIC RATE RULE FILING SCHEDULE	Accepted for Informational Purposes	Yes
Rate	Pesticide or Herbicide Applicator Coverage	Accepted for Informational Purposes	Yes

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Companion Property & Casualty Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Pesticide or Herbicide Applicator Coverage	AR-GL-2	New	AR-GL-2.PDF

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO DIVISION SIX – GENERAL LIABILITY

LOSS COSTS AND MULTIPLIER

New business and renewals effective 10/01/07 and later, use ISO 7/05 Loss Cost pages with our 1.38 multiplier.

Prior: New business and renewals effective 07/01/06 and later, use ISO 7/05 Loss Cost pages with our 1.38 multiplier.

Amend or replace the following rules from the ISO Commercial Lines Manual Division Six - General Liability with:

8. POLICY WRITING MINIMUM PREMIUM

- A. Prepaid Policies..... \$100
- B. Annual Premium Payment Policies \$100
- Continuous Policies..... Not Available

9. ADDITIONAL PREMIUM CHANGES

- B. Waive additional premium of:.....\$15 or less

10. RETURN PREMIUM CHANGES

- B. Waive return premium of:.....\$15 or less
- However, any return premium requested by the insured must be granted.

14. MINIMUM PREMIUMS

- B. Minimum Premiums apply as follows:

Subline	Increased Limit Table Assignment	Minimum Premium
Premises / Operations	1	\$75
Premises / Operations	2	\$100
Premises / Operations	3	\$150
Products / Completed Operations	A	\$75
Products / Completed Operations	B	\$150
Products / Completed Operations	C	\$200

- E. The Special Combined Minimum Premium for the classifications specified is \$100

23. COMPANY RATES OR ISO LOSS COSTS

- D. Increased Limits is amended by the addition of the following:

4. Fire Damage Legal Liability

The basic fire damage limit may be increase as follows:

- \$200,000 per fire for fire damage for a flat premium charge of \$75
- \$300,000 per fire for fire damage for a flat premium charge of \$100
- \$500,000 per fire for fire damage for a flat premium charge of \$150

5. Medical Payments

- \$10,000 per person for medical payments for a flat premium charge of \$30

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO DIVISION SIX – GENERAL LIABILITY

36. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS

E. COVERAGE AMENDMENT ENDORSEMENTS

Add the following:

HIRED AND NON-OWNED AUTOMOBILE LIABILITY

Coverage for non-ownership liability and hired auto liability may be added to the general liability policy. Attach endorsement **CPPCA 00 01** Hired and Non-Owned Auto Liability.

Refer to Division One Commercial Auto Rule 89. Non-Ownership Liability and Rule 90. Hired Autos and Companion's Exception pages for minimum premium charges. Limits may be increased as provided for in Division One Commercial Auto Rule 100. Increased Liability Limits.

PESTICIDE OR HERBICIDE APPLICATOR COVERAGE (For use with classifications 97047 and 97050 only)

CG 22 64 Protects the Insured for liability arising out of the application of Pesticides or Herbicides.

A \$1,000 flat premium applies to Form CG 22 64 when used with class code 97047, Landscape Gardening, and class code 97050, Lawn Care Service.

43. EMPLOYEE BENEFITS LIABILITY COVERAGE

a. Premium Determination

Multiply the basic limits-per-employee rate by the Table C increased limits factor found in Rule 56 to determine the policy rate. Multiply this rate by the number of employees to determine the policy premium.

b. Minimum Premium

Multiply the basic limits minimum premium by the Table C increased limits factor in Rule 56 to determine the minimum premium charge for EBL coverage.

c. Rate	Basic limits rate Per Employee	\$.15
	Basic limits Minimum Premium	\$150.00

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO DIVISION SIX – GENERAL LIABILITY

ADDITIONAL RULES

GENERAL LIABILITY COVERAGE EXTENSION ENDORSEMENT

This endorsement may be used on monoline or packaged general liability policies.

a. Eligibility

This endorsement is not used on GL policies with logging classes or potential for logging operations. It is not available for use with the Automotive Service Package Policy, Specialty Contractors Package Policy or Office Occupancy Package Policy.

b. Premium: \$250 flat charge

c. Form: **GL 90 07 60 07** General Liability Coverage Extension Endorsement

REDUCED ACQUISITION COST MODIFICATION PLAN

All other rate modification plans contemplate the standard allowance for expenses. If the expenses are less than standard, such rates may be decreased by the amount of reduction in expenses.

Range of Reduction
1% to 15%

This plan is available for all Commercial Protector policies.

The maximum credit under this plan will be 15%. When used in combination with other rating plans (Experience or Schedule), the reciprocals are combined by multiplication.

EXAMPLE: RACM = 10% EXPENSE REDUCTION

Package Modification Factor		IRPM Factor		RACM Factor		Final PMF
.60	X	.60	X	.90	=	.324

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO DIVISION SIX – GENERAL LIABILITY

TERRORISM PREMIUM DETERMINATION

A. Certified Acts Of Terrorism

Apply the following factors to the otherwise applicable General Liability premium to determine the additional premium for "certified acts of terrorism". Each factor should be applied separately for premises/operation and products-completed operations. "Above average" exposure classification codes are displayed in Table A. All other classifications are "average" exposure.

Exposure Classes	
Above Average Exposure Classes	.016
Average Exposure Classes	.008

Table A. Certified Acts Of Terrorism

For sublines other than premises/operations or products/completed operations, use the average exposure category.

For sublines other than premises/operations or products/completed operations, use the Geographic Tier (Territory) applicable to the premises/operations subline.

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO DIVISION SIX – GENERAL LIABILITY

EXPERIENCE AND SCHEDULE RATING PLAN - Replace 5. Schedule Rating Table with the following:

SCHEDULE RATING TABLE

The manual rates for the risk may also be modified in accordance with the following schedule rating table, subject to maximum modifications to reflect such characteristics of the risk as are not reflected in its experience:

GENERAL LIABILITY SCHEDULE RATING TABLE				
Risk Characteristics		Range of Modifications		
		Credit		Debit
A	Location:			
	(i) exposure inside premises.	5%	to	5%
	(ii) exposure outside premises	5%	to	5%
B	Premises - condition, care	10%	to	10%
C	Equipment - type, condition, care	10%	to	10%
D	Classification peculiarities	10%	to	10%
E	Employees - selection, training, supervision, experience	6%	to	6%
F	Cooperation:			
	(i) medical facilities	2%	to	2%
	(ii) safety program	2%	to	2%

* MAXIMUM CREDIT NOT TO EXCEED 40%

MAXIMUM DEBIT NOT TO EXCEED 25%

(excluding any modification from the Reduced Acquisition Cost Modification Plan)

The credits (debits) developed under this plan should be combined by addition. When used in combination with the ISO Experience Rating Plan and/or the Reduced Acquisition Cost Modification Plan, the reciprocals of the two (or three) credits are combined by multiplication.

Supporting Document Schedules

Satisfied -Name:	Cover Letter	Review Status:	Accepted for Informational	08-15-2007
Comments:			Purposes	
Attachment:				
	Cover Letter.PDF			
Satisfied -Name:	AR - NAIC P&C TRANSMITTAL DOCUMENT	Review Status:	Accepted for Informational	08-15-2007
Comments:			Purposes	
Attachment:				
	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
Satisfied -Name:	AR - NAIC RATE RULE FILING SCHEDULE	Review Status:	Accepted for Informational	08-15-2007
Comments:			Purposes	
Attachment:				
	AR - NAIC RATE RULE FILING SCHEDULE.PDF			



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

August 14, 2007

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
General Liability - Rate and Rule Filing - MU GL Pesticide Herbicide for CPP
Company Filing#: P#07136
Proposed Effective Date: New and Renewal Policies effective on and after October 1, 2007

Dear Commissioner Benafield Bowman:

Companion Property & Casualty wishes to file a rule for our Commercial General Liability policy that would allow us to apply a \$1,000 flat premium charge for Form CG 22 64 when used with classification codes 97047, Landscape Gardening, and 97050, Lawn Care Service. I have attached revised manual pages; an explanation of the rule can be found on page AR-GL-2.

Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

Susan R. Caton, CISR, AIS
Product Development Analyst

Phone: 803-264-4483

Fax: 803 865-3155

Email : susan.caton@companiongroup.com


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
f. State Filing #:		
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					661
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Companion Property & Casualty Insurance Company	SC	12157	57-0768836		

5. Company Tracking Number	P#07136
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Susan Caton P.O. Box 100165 Columbia SC 29202	Product Development Analyst	800-845-2724	803 865-3155	
7. Signature of authorized filer				
8. Please print name of authorized filer		Susan Caton		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.2 Commercial Multi-Peril - Liability Portion Only			
10. Sub-Type of Insurance (Sub-TOI)	05.2003 Commercial Package			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	CPP			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	10/01/07	Renewal:	10/01/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	08/14/07			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	P#07136
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Companion Property & Casualty wishes to file a rule for our Commercial General Liability policy that would allow us to apply a \$1,000 flat premium charge for Form CG 22 64 when used with classification codes 97047, Landscape Gardening, and 97050, Lawn Care Service. I have attached revised manual pages; an explanation of the rule can be found on page AR-GL-2.

Please do not hesitate to contact me if I may be of further assistance.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div> <div>Check #:</div> <div>EFT</div> </div> <div> <div>Amount:</div> <div>\$25.00</div> </div>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	P#07136
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Companion Property & Casualty Insurance Company		0	0	0	0	0	0
		0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholder affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rule 36. E.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	